DECLARATION AND POWER OF ATTORNEY

As a below named inventor,

Jason D. Patz Robert J. Pape

I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PACKAGED BULBOUS LIGHT DIFFUSER

the specification of which is attached hereto.

I do not know and do not believe that the invention was ever known or ever used in the United States before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to the date of this application, or in public use or on sale in the United States more than one year prior to the date of this application.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

As a named inventor, I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Jason D. Patz Inventor's Signature_ Country of Citizenship: USA Residence: 1633 Parrish Place, Jacksonville, FL 32205 Post Office Address: 1633 Parrish Place, Jacksonville, FL 32205

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Docket No: 786500-00020